FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084673 (1)**

1. Corporation Name

CONSOLIDATED SPECIALTIES, INC.

Principal Place of Business	Mailing Address
375 DOUGLAS AVE. SUITE 2007 2008 ALTAMONTE SPRINGS FL 32714	375 DOUGLAS AVE. SUITE 2007 2008 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-3226286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOWINSKI, VICTORIA E
375 DOUGLAS AVE.
SUITE 2007
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: THOMAS F. ALLEN
82 Street Address (P.O. Box Number is Not Acceptable): 375 DOUGLAS AVENUE
83: SUITE 2008
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Thomas F. Allen Pres. THOMAS F. ALLEN/PRES. 2/13/95
Signature, officer's printed name of registered agent and title of applicable officer (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	V /S/T/D ☒ Change ☐ Addition
NAME	MOWINSKI, VICTORIA E	12 NAME	MOWINSKI, VICTORIA E.
STREET ADDRESS	611 PHEASANT AVE.	13 STREET ADDRESS	611 PHEASANT AVENUE
CITY-ST-ZIP	LONGWOOD FL 32750	14 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	P/D/C	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS F. ALLEN	22 NAME	
STREET ADDRESS	2722 CLOUDCROFT DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Victoria E. Mowinski Vice Pres. 2/13/95 407-786-7696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

VICTORIA E. MOWINSKI VICE PRESIDENT

000368 CP